

AMENDMENT TRANSMITTAL LETTER				Docket No. 64589(50024)
Application No. 10/561,407-Conf. #1097	Filing Date May 2, 2006	Examiner R. C. Robinson	Art Unit 4142	
Applicant(s): Ian Hynd et al.				
Invention: IMPROVEMENTS TO LOUDSPEAKER DRIVER ASSEMBLIES				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
Total Claims	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Independent Claims	1	- 6 =		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Extension for response within second month 245.00				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 245.00				
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity				
<input type="checkbox"/> No additional fee is required for this amendment.				
<input checked="" type="checkbox"/> Please charge Deposit Account No. 04-1105 in the amount of \$ 245.00 . A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-1105 as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
/George N. Chacras/ George N. Chacras Attorney/Agent Reg. No.: 46,608				
EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (401) 276-6653				
Dated: January 28, 2009				

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this correspondence is being transmitted via the Office electronic filing system in accordance with 37 CFR 1.6(a)(4):

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on January 28, 2009 .
Date

/George N. Chacras/

Signature

George N. Chacras

Typed or printed name of person signing Certificate

46,608

Registration Number, if applicable

(401) 276-6653

Telephone Number

Note: Each paper must have its own certificate of mailing.

Transmittal (1 page)
Fee Transmittal (1 page)
Extension of Time Request (2 pages)
Amendment Transmittal (1 page)
Amendment (15 pages)

Charge \$245.00 to deposit account 04-1105

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
FEE TRANSMITTAL For FY 2009		Application Number	10/561,407-Conf. #1097
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	May 2, 2006
		First Named Inventor	Ian Hynd
		Examiner Name	R. C. Robinson
		Art Unit	4142
TOTAL AMOUNT OF PAYMENT		(\$)	245.00
		Attorney Docket No.	64589(50024)

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards Angell Palmer & Dodge LLP</u>					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input type="checkbox"/> Credit any overpayments		

FEE CALCULATION																	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																	
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES												
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)										
Utility	330	165	540	270	220	110	_____										
Design	220	110	100	50	140	70	_____										
Plant	220	110	330	165	170	85	_____										
Reissue	330	165	540	270	650	325	_____										
Provisional	220	110	0	0	0	0	_____										
2. EXCESS CLAIM FEES																	
Fee Description																	
Each claim over 20 (including Reissues) Fee (\$) Small Entity 52 26																	
Each independent claim over 3 (including Reissues) Fee (\$) Small Entity 220 110																	
Multiple dependent claims Fee (\$) Small Entity 390 195																	
<table border="0"> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td>Multiple Dependent Claims</td> </tr> <tr> <td><u>27</u></td> <td>- 40 or HP</td> <td>x</td> <td>=</td> <td>Fee (\$) Fee Paid (\$)</td> </tr> </table>								Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	<u>27</u>	- 40 or HP	x	=	Fee (\$) Fee Paid (\$)
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims													
<u>27</u>	- 40 or HP	x	=	Fee (\$) Fee Paid (\$)													
HP = highest number of total claims paid for, if greater than 20.																	
<table border="0"> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td>Fee (\$) Fee Paid (\$)</td> </tr> <tr> <td><u>1</u></td> <td>- 6 or HP</td> <td>x</td> <td>=</td> <td>Fee (\$) Fee Paid (\$)</td> </tr> </table>								Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$) Fee Paid (\$)	<u>1</u>	- 6 or HP	x	=	Fee (\$) Fee Paid (\$)
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$) Fee Paid (\$)													
<u>1</u>	- 6 or HP	x	=	Fee (\$) Fee Paid (\$)													
HP = highest number of independent claims paid for, if greater than 3.																	
3. APPLICATION SIZE FEE																	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																	
<table border="0"> <tr> <td>Total Sheets</td> <td>Extra Sheets</td> <td>Number of each additional 50 or fraction thereof</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>- 100 =</td> <td>/50 =</td> <td>(round up to a whole number) x</td> <td>=</td> <td>Fee Paid (\$)</td> </tr> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	- 100 =	/50 =	(round up to a whole number) x	=	Fee Paid (\$)
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)													
- 100 =	/50 =	(round up to a whole number) x	=	Fee Paid (\$)													
4. OTHER FEE(S)																	
Non-English Specification, \$130 fee (no small entity discount)																	
Other (e.g., late filing surcharge): <u>2252 Extension for response within second month</u> <u>245.00</u>																	

SUBMITTED BY					
Signature	/George N. Chaclas/		Registration No. (Attorney/Agent)	46,608	Telephone (401) 276-6653
Name (Print/Type)	George N. Chaclas		Date	January 28, 2009	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/561,407-Conf. #1097
Filing Date	May 2, 2006
First Named Inventor	Ian Hynd
Art Unit	4142
Examiner Name	R. C. Robinson
Total Number of Pages in This Submission	64589(50024)

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Amendment Transmittal Certificate of Electronic Filing
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature	/George N. Chaclas/		
Printed name	George N. Chaclas		
Date	January 28, 2009	Reg. No.	46,608